

Application Data Sheet

Application Information

Application number::
Filing Date:: 10/01/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R???:
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)??:
Number of copies of CRF::
Title:: IMPROVED PROTEIN EXPRESSION BY CODON
HARMONIZATION AND TRANSLATIONAL
ATTENUATION
Attorney Docket Number:: 016873-000400US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 4
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Randall
Middle Name:: L.
Family Name:: Kincaid
Name Suffix::
City of Residence:: Potomac
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 11700 Bunnell Court
City of Mailing Address:: Potomac
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20854

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Evalina
Middle Name::
Family Name:: Angov
Name Suffix::
City of Residence:: Bethesda
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9310 Pooks Hill Road
City of Mailing Address:: Bethesda

State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name:: A.
Family Name:: Lyon
Name Suffix::
City of Residence:: Silver Spring
State or Province of Residence:: MD
Country of Residence:: US
Street of Mailing Address:: 9106 Fairview Road
City of Mailing Address:: Silver Spring
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 20910

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: This Application	Continuity Type:: claims priority to	Parent Application:: PCT/_____	Parent Filing Date:: 04/01/03
which is	An appln claiming benefit under 35 USC 119(e) of	60/369,741	04/01/02
and which is	An appln claiming benefit under 35 USC 119(e) of	60/379,688	05/09/02
and which is	An appln claiming benefit under 35 USC 119(e) of	60/425,719	11/12/02

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::